STATE OF MARYLAND

DHMH

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July 2, 2009

Public Health & Emergency Preparedness Bulletin: # 2009:25 Reporting for the week ending 06/27/09 (MMWR Week #25)

CURRENT HOMELAND SECURITY THREAT LEVELS

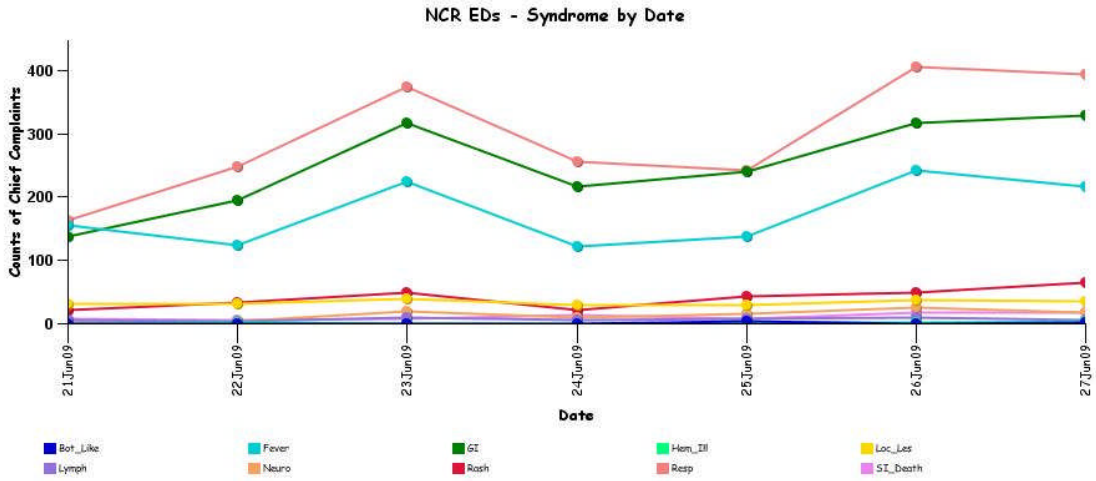
National: **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
Maryland: **Yellow (ELEVATED)**

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

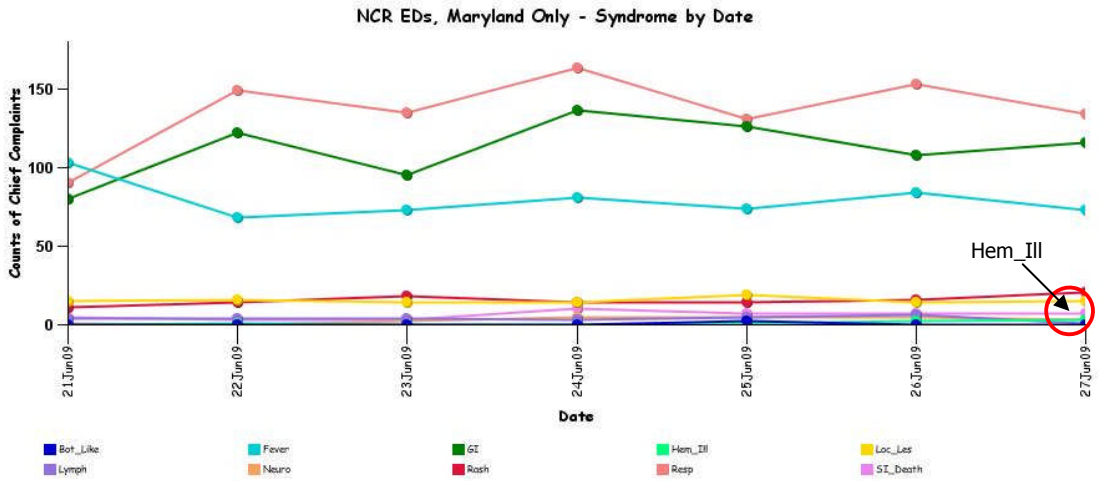
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

****Data for graph of NCR EDs is not complete due to technical issues.**

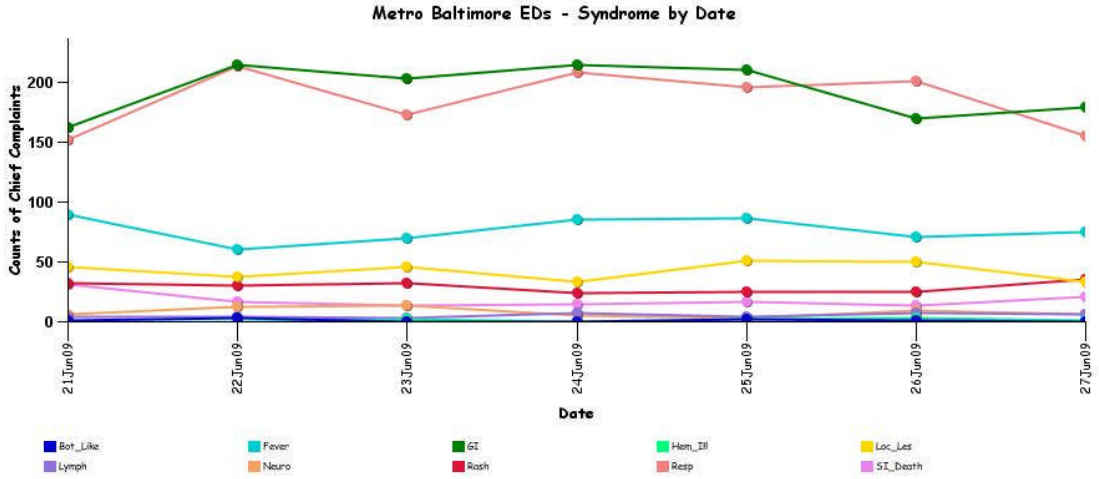


* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.

****Data for graph of NCR EDs, Maryland Only is not complete due to technical issues.**



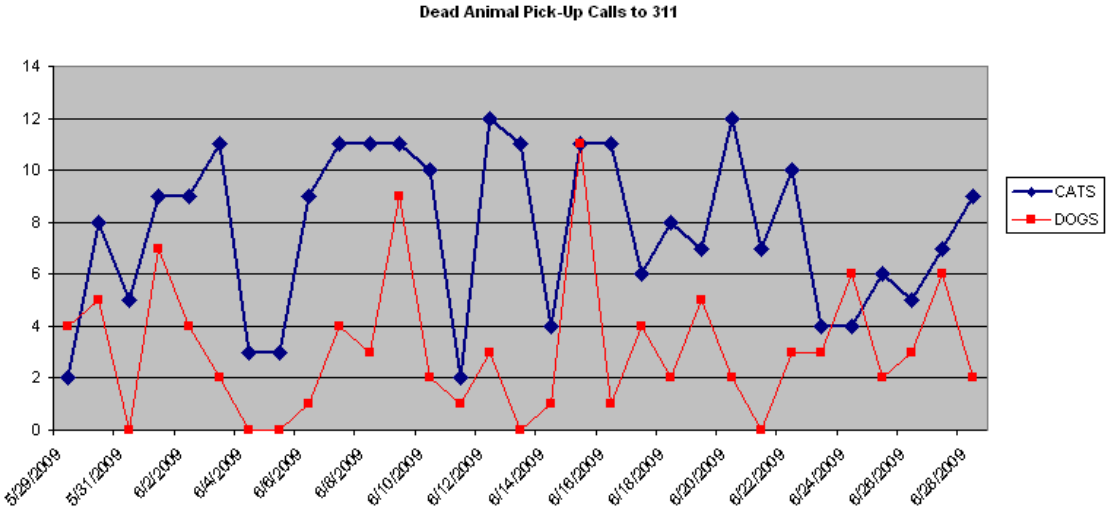
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

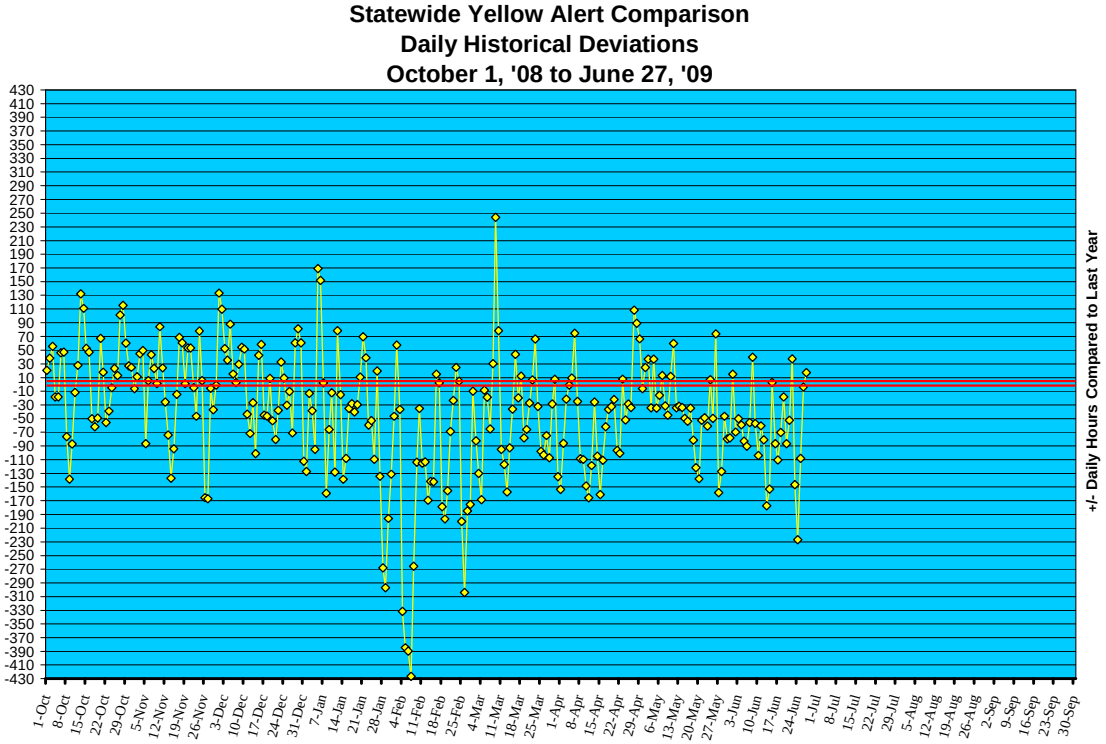
**** Red Alerts are not indicated on this graph.**

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2009 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (June 21 – June 27, 2009):	19	0
Prior week (June 14 – June 20, 2009):	12	0
Week#25, 2008 (June 15 – 21, 2008):	22	0

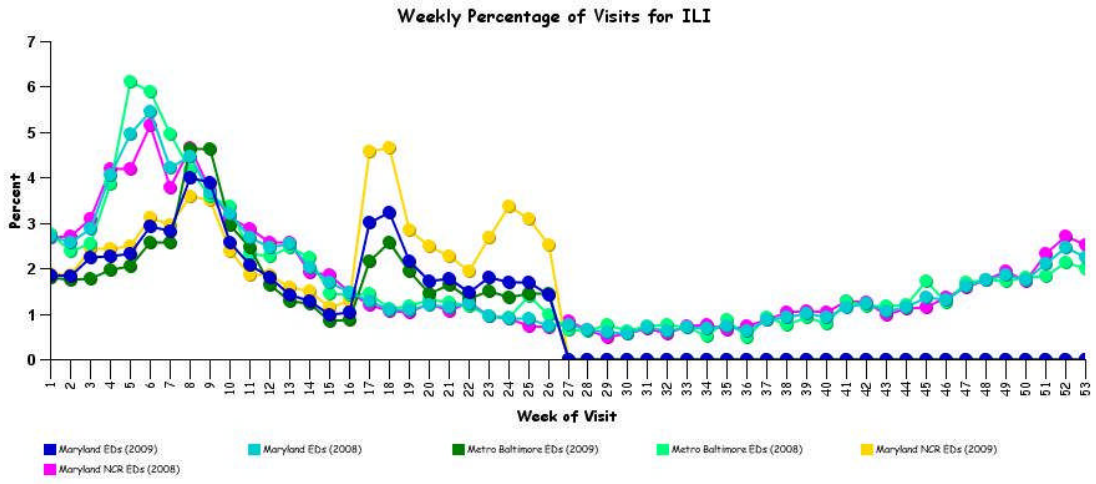
1 outbreak was reported to DHMH during MMWR Week 25 (June 21-27, 2009):

1 Respiratory illness outbreak
1 outbreak of PNEUMONIA associated with a Nursing Home

MARYLAND INFLUENZA STATUS: Influenza activity in Maryland for Week 25 is REGIONAL.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



***Graph shows proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.**

PANDEMIC INFLUENZA UPDATE

WHO Pandemic Influenza Phase: Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

**More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: http://bioterrorism.dhmh.state.md.us/flu.htm

AVIAN INFLUENZA-RELATED REPORTS

WHO update: As of June 02, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 433, of which 262 have been fatal. Thus, the case fatality rate for human H5N1 is about 61%.

AVIAN INFLUENZA. (Indonesia): 27 Jun 2009, At least 20 villages in Purbalingga regency, Central Java, have been hit with cases of bird flu, forcing local authorities to remain alert to prevent it from infecting other areas, officials said Thursday [25 Jun 2009]. Purbalingga husbandry office head Hartono said the contagious disease had 1st been detected in the regency in January 2009. More than 1000 infected chickens had been culled between January and May [2009] by local authorities, he said. Hartono said his office was collecting data and information on the spread of bird flu this month [June 2009]. "We are continuing to collect data based on information from local people whose chickens have died suddenly. The tests *on those birds* have come back positive for bird flu," he told The Jakarta Post. The chickens were culled, and their bodies incinerated, he said. "We don't want to take any risks, and such a *culling method* is based on existing official procedures," he said. Hartono said most of the Virus-infected poultry were domestic chickens that were not kept in cages. "Because local villagers traditionally have chickens roaming free, not kept in cages, bird flu has spread very quickly," he said. To curb the virus from spreading further in Purbalingga, the local authorities have set up a special team to combat bird flu. "The team is already working 24 hours a day. Any time we receive a report on a dead chicken we will go to the location immediately," Hartono said. The dead chickens, he said, would be used as samples for tests. Purbalingga has also received 240 000 doses of vaccine from the World Health Organization to help control the spread of bird flu, Hartono said. "Around 30 percent of the vaccines have already been used." The WHO has also provided Purbalingga with anti-bird flu disinfectants. "We have enough medical stocks to deal with bird flu cases. What we need to do more is improve people's awareness so they will keep their poultry cages clean," Hartono said.

AVIAN INFLUENZA (VIET NAM): 25 Jun 2009, Bird flu has resurfaced in the country on the northeastern border of Quang Ninh Province's Yen Hung District and infected more than 500 poultry. An additional 1300 birds have been killed and disposed of to prevent the spread of the disease in accordance with the regulations on epidemic disease prevention, said Hoang Van Nam, head of the Veterinary Department. Deputy Minister of Agriculture and Rural Development Diep Kinh Tan said the reason for the problem was the lack of disease prevention measures taken by some localities. Tan directed the Veterinary Department to thoroughly handle the disease in Quang Ninh and to soon build a centre for quarantining poultry and cattle. He also asked localities nationwide to concentrate on vaccinating duck flocks, as they were highly susceptible to the spread of the flu.

AVIAN INFLUENZA, SUSPECTED, HUMAN (INDONESIA): 21 Jun 2009.The bird flu virus killed another victim in South Jakarta. A 5-year-old child, a resident of Tegal Parang, died early Friday [19 Jun 2009]. Since 2005 until now, avian influenza H5N1, or bird flu virus, has killed 11 [of] a total of 13 cases in South Jakarta. Head of Livestock and Marine Subservice of South Jakarta, Chaidir Taufik, said the child was reported [to have] returned from his relatives in Sukabumi, West Java and then visited other relatives in Pejaten Barat [in] South Jakarta. During the stay in Sukabumi, numbers of chickens were reported [to have] suddenly died. After return from Pejaten Barat, the victim, the [younger] of 2 siblings, experienced high fever [during] the next day [Mon 8 Jun 2009], and received an antipyretic drug from a health worker. "The victim had improved [immediately], but the fever came back on Saturday [13 Jun 2009]. The child was then admitted to Triadapa hospital", said Chaidir, on [the same day] Tegal Parang chieftain Abdul Khalit added that after further examination at Triadapa hospital, the victim was then allowed to return home. Three days later, the child's condition worsened and was accompanied by breathing difficulty. The child was then rushed to Triadapa hospital again. Chest X-ray revealed liquid accumulation in the lungs, which suggested the illness was caused by bird flu infection. "After 2 days of treatment, Triadapa hospital referred the child to Persahabatan hospital on Thursday [18 Jun 2009]. But the child passed away 4 hours after admission, or early on Friday. The body has been buried in Pejaten Barat public cemetary," said vice chieftain of Tegal Parang, Gita Puspitasari.

H1N1 INFLUENZA (Swine Flu)

INFLUENZA A (H1N1) (Worldwide): As of 24 Jun 2009, there have been a total of 55,867 cases with 238 deaths attributable to influenza A (H1N1) infection confirmed to WHO from 99 countries. New countries that have confirmed cases and reported to WHO since the last update (22 Jun 2009) include: Antigua and Barbuda, Cambodia, Cape Verde,

Cote D'Ivoire, Ethiopia, Latvia, Montenegro, Tunisia, and Vanuatu.

INFLUENZA A (H1N1), SUSPECTED ORIGIN (Worldwide): 24 Jun 2009, Contrary to the popular assumption that the new swine flu pandemic arose on factory farms in Mexico, federal agriculture officials now believe that it most likely emerged in pigs in Asia, but then traveled to North America in a human. But they emphasized that there was no way to prove their theory and only sketchy data underpinning it. There is no evidence that this new virus, which combines Eurasian and North American genes, has ever circulated in North American pigs, while there is tantalizing evidence that a closely related "sister virus" has circulated in Asia. American breeding pigs, possibly carrying North American swine flu, are frequently exported to Asia, where the flu could have combined with Asian strains. But because of disease quarantines that make it hard to import Asian pigs, experts said, it is unlikely that a pig brought the new strain back West. "The most likely scenario is that it came over in the mammalian species that moves most freely around the world," said Dr. Amy L. Vincent, a swine flu specialist at the Agriculture Department's laboratory in Ames, Iowa, referring, of course, to people. The 1st person to carry the flu to North America from Asia, assuming that is what happened, has never been found and never will be, because people stop carrying the virus when they get better. Moreover, the officials said, the chances of proving their theory are diminishing as the virus infects more people globally. It has now reached more than 90 countries, according to the World Health Organization. Since some of those people will inevitably spread it to pigs, its history will become impossible to trace.

Resources:

http://www.cdc.gov/h1n1flu/

http://www.dhmh.maryland.gov/swineflu/

NATIONAL DISEASE REPORTS

EASTERN EQUINE ENCEPHALITIS, EQUINE (LOUISIANA): 27 Jun 2009, Following the 1st confirmed case of Eastern equine encephalitis (EEE) and resulting equine death this year [2009], agriculture and Forestry Commissioner Mike Strain, D.V.M., is reminding horse owners to vaccinate their horses. Strain said the Louisiana Animal Disease Diagnostic Laboratory in Baton Rouge identified EEE as the cause of death from blood samples drawn from the horse. The horse was stabled in Rapides Parish. "Since there is no cure for Eastern equine encephalitis, I urge horse owners to vaccinate their animals," Strain said. "This is a very preventable disease, but often horse owners wait until it's too late. "Only rarely do horses recover from Eastern equine encephalitis," Strain said. "Even when an animal doesn't die, it is almost always brain damaged and is never usable again." Strain stressed the significance of reporting and testing suspected horses." This is a public health concern and we are asking all horse owners to make sure their animals have up-to-date vaccinations and to consult a veterinarian if their horses are displaying any symptoms. It's crucial because that information is passed quickly on to other health officials," he said. "With the public health concern over Eastern equine encephalitis and other mosquito-borne illnesses, our animal health officials are an important link to the state and nationwide reporting systems." State Veterinarian Henry Moreau said Eastern equine encephalitis has a mortality rate of 90 percent. The disease causes encephalitis, or swelling of the brain, in both horses and humans. Humans and horses contract the disease from a mosquito that has bitten an infected bird. Infected horses become depressed and uncoordinated, develop a sleepy appearance, walk in circles and eventually collapse to the ground. Horses that have not been vaccinated should have 2 doses administered about 2 weeks apart. Once the initial vaccination has been given, an annual booster is sufficient to maintain immunity. Owners with horses displaying any of these signs should contact their local veterinarian. Any suspected equine neuro-encephalitis case should be reported upon suspicion of disease symptoms even if blood is not drawn. The Department of Agriculture and Forestry is working with local veterinarians, horse owner groups, health officials and local mosquito abatement programs to monitor the spread of the disease. (Viral Encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

E. COLI O157, Refrigerated Cookie Dough (USA): 23 Jun 2009, The Centers for Disease Control and Prevention (CDC) is collaborating with public health officials in many states, the USA Food and Drug Administration (FDA) and Department of Agriculture Food Safety and Inspection Service (FSIS) to investigate an outbreak of _E. coli_ O157:H7 infections. As of Mon 22 Jun 2009, 70 persons infected with a strain of _E. coli_ O157:H7 with a particular DNA fingerprint have been reported from 30 states. Of these, 41 have been confirmed by an advanced DNA test as having the outbreak strain; the confirmatory test results are pending on the others. The number of ill persons identified in each state is as follows: Arizona (2), California (3), Colorado (5), Connecticut (1), Delaware (1), Georgia (1), Hawaii (1), Iowa (2), Illinois (5), Kentucky (3), Massachusetts (4), Maryland (2), Maine (3), Minnesota (6), Missouri (2), Montana (1), North Carolina (2), New Hampshire (2), New Jersey (1), Nevada (2), Ohio (3), Oklahoma (1), Oregon (1), Pennsylvania (2), South Carolina (1), Texas (3), Utah (2), Virginia (2), Washington (5), and Wisconsin (1). Ill persons range in age from 2 to 65 years; however, 66 percent are less than 19 years old; 75 percent are female. 30 persons have been hospitalized, 7 developed hemolytic uremic syndrome (HUS); none have died. Reports of these infections increased above the expected baseline in May 2009 and continue into June 2009. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

Q FEVER (Netherlands): 26 Jun 2009, At least 2 people have died suffering from the flu-like Q fever in the Den Bosch area, microbiologist Peter Wever told news agency ANP on Thursday [25 Jun 2009]. Both had been admitted to hospital after the diagnosis, but they may have died of complications or other factors, Wever, from the Jeroen Bosch hospital in Den Bosch, told ANP. Given that between 1 and 2 percent of people admitted to hospital with the disease die, more deaths should be expected, he said. Some 600 people have been hospitalized with Q fever, ANP said, without giving a time frame. Q fever was rarely known among humans in the Netherlands until 2007, when 168 cases were reported. In 2008, there were more than 1000 cases. The disease is spread by livestock, which shed the bacteria in urine, feces, birth products, and milk. Q fever, which leads to spontaneous abortion in sheep and goats, causes flu-like symptoms in humans but can lead to lung infections. (Q Fever is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

UNDIAGNOSED FATALITIES, HEMORRHAGIC FEVER SUSPECTE (DEMOCRATIC REPUBLIC OF THE CONGO): 26 Jun 2009, 5 people out of almost a dozen ill individuals have died within a few days from an as yet unidentified disease in the village of Mangala, located some 30 kilometers [19 mi] from the city of Boma, the capital of the province of Bas-Congo [Kongo Central] in the west of the Democratic Republic of the Congo (DRC). The chief medical officer of the Boma health district, Dr Lawrence Kiphunda Nlandu, who informed the press, reported that 5 cases, of which only one has survived so far, a man of 35(Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case years, have been detected in the rural health zone of Boma Bungu, considered the epicenter of the epidemic, while the other 5 cases were recorded in the area of health Boma. He mentioned that 2 men, a woman, and a young man of 14 years of age are currently hospitalized in a local medical facility and a child of 4 years who succumbed to the disease [referring to the 2nd cluster mentioned above]. Dr Kiphunda did not provide the incubation period of the disease, however he mentioned that it is characterized by vomiting of blood [hematemesis] accompanied by bloody diarrhea [melena or hematochezia] and blood flow from the nostrils [epistaxis]. Pending assistance from the central government and external partners, a regimen consisting of a combination of antibiotics, antacids, and other tonics, as well as transfusion and rehydration was developed, said the source, adding that samples of blood and stool have been sent to the INRB (National Institute for Biomedical Research) in Kinshasa. This disease, whose symptoms are similar to those seen with Ebola haemorrhagic fever, has created a panic among the population of Boma. In the DRC, Ebola hemorrhagic fever has already occurred in the provinces of Equateur in 1976 and 1977 (West), in Bandundu in 1995 (West), in Orientale in 1999 and 2000 (Northeast), and in Kasai Occidental in 2007 and 2008 (Center). (Viral Hemorrhagic Fevers are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, LIVESTOCK (GHANA): 25 Jun 2009, The refusal of some owners of livestock, at Tindongo in the Talensi-Nabdam District of the Upper East Region, to vaccinate their animals against anthrax, has led to the death of 2 persons, 11 animals, and left 7 other persons sick. Disclosing this to The Chronicle in Bolgatanga yesterday [24 Jun 2009], after his return from Tindongo, the regional veterinary officer, Dr Thomas Anyorikeya, lamented that no deaths would have been recorded in the area, if owners of the affected animals had vaccinated them when his office carried out a vaccination exercise in that area in March this year [2009]. He explained that anthrax was caused by anthrax bacteria [_Bacillus anthracis_]. It was soil-borne, and when animals grazed, especially during the dry season, or when the grasses were too low, they picked up some of the spores from the soil. The germs then multiply in the animal leading to its death. Dr Anyorikeya continued that when people consume the meat of the dead animals, they also contract the disease. The victims are then hit with boils on various parts of the body. [From handling the contaminated carcass and meat. Gastro-enteric cases follow from consuming said meat.] According to him, between [4-20 Mar 2009], staff of his office embarked on a vaccination exercise in the Tindongo and Shaiga areas, which have records of the disease. However, some of the owners of livestock did not vaccinate their animals -- mainly goats and sheep. The officer said on [22 Jun 2009], the news about the death of the 2 persons reached community health volunteers in the area, who alerted his office. He immediately deployed his staff to the affected community, and all the remaining smoked meat were seized and buried, while animal pens and the sites, where the dead animals were prepared, were also disinfected. Dr Anyorikeya said the incident took place in a large household, where 9 people fell sick after consuming the dead animals, leading to the death of the 2 persons, 10 goats, and one sheep. He disclosed that his officers could vaccinate 1200 animals, including goats, sheep, pigs, donkeys, and cattle. He said if people desisted from opening up dead animals, and presented their animals for vaccination, the veterinary team would be able to control the disease. At the time of filing this report, Dr Anyorikeya had returned from the affected community, where a number of animals were vaccinated. He insisted that people should present their animals for vaccination against anthrax, since it was only Gp20 [approximately USD 13 cents] The regional secretary of the Ghana Red Cross Society, Mr Joseph Abarike, said the society would use its volunteers and women's groups to carry out intensive education on the dangers associated with anthrax. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN (KAZAKHSTAN): 24 Jun 2009, A 59-year-old woman in Western Kazakhstan has been diagnosed with anthrax, the country's Emergencies Ministry said on Wednesday [24 Jun 2009]. Eight people have been hospitalized on suspicion of carrying the disease in recent days, adding to 6 others hospitalized earlier this month [June 2009]. A report from the ministry said that 185 people who had come into contact with the infected patients are currently being monitored. Anthrax affects both wild mammals and domestic cattle that ingest or inhale the bacterial spores while grazing. Humans can contract the disease if they are exposed to the blood or tissue of infected animals. It can be highly lethal, but in some forms responds well to antibiotic treatment. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

E. COLI O157, Restaurant, Onions (Canada): 23 Jun 2009, Hundreds of residents in northern Ontario likely suffered painful food poisoning in the fall of 2008 as a result of contaminated onions, an investigation has concluded. Officials with the North Bay Parry Sound District Health Unit pinpointed the popular hamburger topping as the most probable source of an extensive _E. coli_ [O157:H7] outbreak linked to a Harvey's fast-food restaurant. That key detail and other findings were released Monday [22 Jun 2009] in an investigative report into the October 2008 health scare that sickened upwards of 235 people. "Our analysis indicates the source of the outbreak at Harvey's was likely contaminated raw Spanish onions," said Dr. Jim Chirico, acting medical officer of health. "However, despite thorough environmental testing, food sampling, trace-back investigation and testing and interviewing of staff, we were not able to confirm how the onions became contaminated with the _E. coli_." The restaurant, located at a major thoroughfare in the city 4 hours north of Toronto, was shuttered 12 Oct 2008, the same day officials linked it to the outbreak of _E. coli_ O157:H7. Of those who became sick, the report tallies 47 confirmed cases, 59 probable cases, 118 suspect cases and 11 secondary cases across the province, with one sick person living outside of Ontario. One child suffering hemolytic uremic syndrome, a severe condition, was among 26 people hospitalized. No deaths were reported. No actual source of contamination was determined by the 9-month investigation, Chirico said. That's not uncommon, he explained, because symptoms don't begin to show until one to 10 days after the tainted food is eaten. "We are not able to determine how the onions became contaminated, but the risk of exposure lingered on site for about a week," he said. "Inconsistent cleaning of the onion dicer may have been a contributing factor." The outbreak was the largest of its kind in Ontario since 7 people died and about 2500 others fell ill from water tainted with the same strain in Walkerton, Ontario, in May 2000. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (INDIA): 22 Jun 2009, For the 1st time, anthrax has struck the Bondas, a primitive tribal group with a population of 10 000. Doctors said as many as 10 are down with the disease at Andrahal village in Malkangiri district's Khairaput block. There are no reports of deaths yet. "Consumption of beef of an anthrax-afflicted cow has led to the outbreak. Our medical teams are regularly visiting the village for the past one week and treating them. But the problem is that they like to depend on their own primitive methods of treatment. So it takes a lot of persuasion and coaxing before they can be taken to hospital," said a Khairput hospital doctor. A health official said Bondas are strangers to the disease and the symptoms. "They have no idea what kind of precautions need to be taken either," he added. Another official said Andhrahal shares a boundary with Koraput's Lamtaput block, which is an anthrax-hit area. "Maybe inflow of anthrax-afflicted cattle from Lamtaput to Andhrahal has spread the disease," he added. Healthcare is virtually non-existent in the village. All it has is an Auxiliary Nursing Midwife centre. There is also a primary health centre and an ayurvedic dispensary at Mudulipada, about 13 km from Andrahal. "Since there is no doctor at Mudulipada, the centre is run by a pharmacist," a source said. "An awareness drive should be launched to save the primitive tribe from the disease," the source said. Medical officials, however, claimed that medical teams are visiting Bonda villages and distributing medicines. Bondas, one of the primitive tribes in Orissa, live in the Bonda hills, which cover about 130 sq km in Mudulipada and Andrahal panchayats in Malkangiri. A micro-project called Bonda Development Agency (BDA) has been in force since 1977 for the tribe, the literacy rate of which is 7.8 per cent. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA, SUSPECTED (INDIA): 21 Jun 2009, Open drains, garbage scattered everywhere, bad roads, no drinking water facility, and now viral fever, these have added to the unhygienic condition of citizens of the Silicon City. For the past month, 350-500 patients have been visiting Kadogondanahalli Primary Health Centre (PHC) every day for viral fever and chikungunya check-ups. Even the staff are affected by the diseases. With no proper place to treat patients due to the ongoing construction of the Community Health Centre (CHC), patients are treated in dilapidated staff quarters. Even the PHC staff has no place to sit. The health centre's only pharmacist has just returned after a bout of chikungunya. Out of 3 "group D" employees, one of them who had been working for 18 years in the PHC recently died after complaining of fever, and another recovered from a week-long viral fever. There has been a regular flow of patients from Venkateshpura, D J Halli, K G Halli, Nagawara, Kavalbyrsandra, Hegdenagar and Govindapura. Short of staff with just 2 doctors and a nurse deputed from Ghousia Hospital, the place continues to treat patients in an unhygienic environment. The radiologist has been deputed to Raj Bhavan for want of equipment at the centre. The junior health assistant and field staff posts have not been filled up. At the health centre, a man who has suffered from chikungunya for the past 2 months said: "More than 60 percent of the people are suffering from viral fever and chikungunya because of the unhygienic conditions here. We lack even a basic facility like a public bathroom, due to which even the campus is littered." Fortunately, another resident said 3 private organizations held a camp and distributed medicine to 3000 patients recently. Residents of Rashadnagar said they have not received drinking water for the past 6 months. "Holding health camps and distributing medicine or fogging are not the solutions. With no drinking water facility, how are we going to live?" a resident asked. (Emerging Infectious Disease are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://bioterrorism.dhmh.state.md.us/

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

Multistate Outbreak of *E. coli* O157:H7 Infections Linked to Eating Raw Refrigerated, Prepackaged Cookie Dough – Additional updated information can be found at: http://www.cdc.gov/ecoli/2009/0622.html

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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